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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/673114

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |               |                      |                                 |                  |     | SMALL ENTITY TYPE   |                        |    | OTHER THAN<br>OR . SMALL ENTITY |                        |
|--|--|---|---------------|----------------------|---------------------------------|------------------|-----|---------------------|------------------------|----|---------------------------------|------------------------|
| TOTAL CLAIMS   |  |   |               |                      |                                 |                  | Γ   | RATE                | FEE                    |    | RATE                            | FEE                    |
| FOR  |  |   | NUMBER FILED  |                      | NUMB                            | ER EXTRA         | Ī   | BASIC FEE           |                        | OR | BASIC FEE                       | 860                    |
| TO   | TAL CHARGEA  | BLE CLAIMS                                | 20 min        | us 20=               | *                               |                  |     | X\$ 9=              |                        | OR | X\$18=                          |                        |
| INDEPENDENT CLAIMS   |  |   | 5 minus 3 = * |                      |                                 | 2                |     | X40=                |                        | OR | X80=                            | 160                    |
| MU   | LTIPLE DEPENI  | DENT CLAIM PI                             | RESENT        |                      | ı                               | +135=            |     | OR                  | +270=                  |    |                                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |               |                      |                                 |                  |     | TOTAL               |                        | OR | TOTAL                           | 1120-                  |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |   |               |                      |                                 |                  |     | SMALL E             | NTITY                  | OR | OTHER<br>SMALL I                |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |               | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                            | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                   |                                 |                  |     | X\$ 9=              | -                      | OR | X\$18=                          |                        |
|  | Independent  | *   | Minus         | ***                  |                                 |                  |     | X40=                |                        | OR | X80=                            |                        |
| L  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP   | ENDEN                | T CLAIM                         |                  |     | +135=               |                        | OR | +270=                           |                        |
|  | i  |   |               |                      |                                 |                  |     | TOTAL<br>ADDIT. FEE |                        |    | TOTAL<br>ADDIT. FEE             |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |               |                      |                                 |                  |     |                     |                        |    |                                 |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUN<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                            | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                   |                                 | =                |     | X\$ 9=              |                        | OR | X\$18=                          |                        |
|  | Independent  | NTATION OF M                              | Minus         | ***                  | T CL AIAA                       | =                |     | X40=                |                        | OR | X80=                            |                        |
| <b>L</b>   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP   | ENDEN                | I CLAIIVI                       |                  | ן נ | +135=               |                        | OR | +270=                           |                        |
|  |  |   |               |                      |                                 |                  |     | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE             |                        |
|  |  | (Column 1)                                |               |                      | ımn 2)                          | (Column 3)       |     |                     |                        |    |                                 |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                            | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                   |                                 | ]=               |     | X\$ 9=              |                        | OR | X\$18=                          |                        |
|  | Independent  | *   | Minus         | ***                  |                                 | <u></u>          |     | X40=                |                        | OR | X80=                            |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |                      |                                 |                  |     | +135=               | ``                     | OR | +270=                           |                        |
|  | If the entry in colu   |   |               |                      |                                 |                  | L   | TOTAL               |                        |    | TOTAL                           |                        |
| * *  | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number (ound in the appropriate box in column 1. |   |               |                      |                                 |                  |     |                     |                        |    |                                 |                        |